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The Selection of Adoptive Parents: A Casework Responsibility*

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"PLAYING GOD" is at best an impossible role and adoption agencies seldom face the implications of this stark fact. Obviously it is terrifying to contemplate that one is making a final judgment about who are to be the parents of Mary or Johnny. Adoptive parents can at least make the decision that Mary or Johnny just do not appeal to them as their baby, but neither Mary nor Johnny can speak up and say their piece; so in fact, the work in the adoption agency is both playing God as well as acting in loco parentis.

It will not do for the caseworker to fall into the fallacy of the layman and assume that people who wish to adopt a baby do so only out of altruism and a wish to share their life with a child. Caseworkers have become increasingly aware of the complex psychological motivation that lies behind the wish to be a parent, adoptive or otherwise. However, it has been a struggle and still is for them to apply their knowledge for diagnostic purposes. This makes for a lag between knowledge and practice in home-finding, whether it is boarding homes or adoptive homes, and can be accounted for in at least two ways.

Our inability to be franker in our examination of the motives of applicant parents grows out of, first, a very real fear of judging people as parents. Casework is not geared to making judgments, particularly when they hit so squarely at the emotional life of the people involved. We are attuned to helping people to unravel the tangle of emotion, conflict and fantasy in which they have enmeshed themselves, or to solve

some specific problem occasioned, for example, by ill-health or financial deprivation. However, to consider an application to adopt a child means to judge someone as a parent. Such a judgment is often as necessary for the prospective parents, who might only be made extremely unhappy by the addition of a child, as for the child, who might be missing the benefit of a placement. It is essential, therefore, for both parents and child that a caseworker evaluate the applicant parents' preparation for parenthood. This includes facing her relationship to her own parents and critical examination of them as people before she is free to judge other people's capacity for parenthood. Undoubtedly the delay in moving more quickly in the direction of sound psychiatric casework principles for the evaluation of foster parents which has characterized the child placement field, is partly the re-

sult of our unconscious fear of examining our own feelings about parents.

The second reason for the lag in practice is based on our deep concern with the needs of children in the placement field. Too often we shut out the needs of parents in our concentration on the child's plight. This has led us astray not only in casework with the unmarried mother who wishes to consider placement for her child but also in our casework approach to adoptive and boarding parents. How many times

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when casework has been directed solely toward the child instead of the unmarried mother have we failed to achieve the very results for which we have striven. The worker's anxiety about the child causes her to overlook completely the mother's anxieties. From our failures we have been learning how to direct casework toward helping the mother resolve some of her conflict. As a result, casework services to such parents have shown striking benefits to babies and children. They are going into their adoptive homes much earlier so that adoptive parents have the advantage of having their babies as young as possible with all the resultant good to parent-child relationships.

Service to the Adoptive Parents

We need to redirect our focus in home-finding too. We must view the casework contact from the applicant parents' point of view if we are to select families which will provide adopted children with the emotionally stable and secure home life. Many agencies are staffed only according to the total number of children for whom they care, and consequently virtually no staff is available to service families who wish to make application to the agency. But since an adoption agency is faced with requests for children out of all proportion to the number of children available, the emphasis has been thrown on this disproportion. To some degree it has been the reason for the lack of casework approach to the problem. In some organizations families are not seen at all. The only contact is through correspondence, and then a few are chosen from time to time for follow-up when a child is available. We have rationalized that it saves families the pain of much contact with the agency which in all probability could never give them a child. In other agencies families may be seen very briefly and their applications accepted with the understanding that if no suitable children are referred, they may not hear from the agency again.

Neither of these methods is effective either in securing any real understanding of what has prompted the family to apply to adopt or in meeting the family's need for service if the agency is to act only as a referral source. More seriously it interferes with the agency's responsibility to choose those parents from the many who apply who will be best able to meet the child's right to have an emotionally secure family life. Practical considerations must be given due weight and should include knowledge of family finances, since the raising of a child in a poverty-stricken home may not only deprive a child of a minimum good standard of living but also of the all-important emotional security. Parental good health

is vital to the welfare of a child, and ill health we know has psychological implications which deeply affect the happiness of the child. So it becomes the agency's responsibility to carefully check the health record of both prospective adoptive parents. It is impossible to make such a selection without a careful study of all families who apply so as to screen out, on the basis of certain criteria, many who will not serve an adopted child's needs. Because of some agencies' policy not to give a definite answer to families, much public misunderstanding and ill-will toward the adoption agencies has resulted.

Many of these families have secured children through other sources, especially the so-called black market. Our dilemma is the result of not having more children for placement with families, who then support black market sources, make it possible for them to flourish and inadvertently prevent a large number of babies from having the benefits of a skilled placement service. For we have to face the fact that, despite the necessity of turning down many unsuitable applicants as adoptive parents, there are many who cannot be considered *only* because they are competing with hundreds, but who might be acceptable to an agency if there were more children. If an agency is going to be realistic about the number of families whose applications can be accepted in any given year, it must become somewhat arbitrary in turning down families who meet most of its criteria for acceptance, whereas some other family is able to meet them in all respects. Many of the former find their way to so-called "baby brokers." While good casework at intake cannot prevent this, since rejections will be at the same rate for the same reasons, at least the family will know where it stands with the agency, and a rejection will not be strung out painfully over years, but will be known quickly and definitely. In addition to its value in screening out all except the most suitable families for children, this approach in an intake service would undoubtedly help our own public relations and further public understanding of adoption.

In the adoption agency which I represent we have worked out the philosophy and policy of such an intake service to adoptive parents over the past five years under the guidance of Dr. Viola Bernard, who has been especially interested in the psychosomatic aspects of sterility as well as in our adoption program.

Criteria for Selection of Adoptive Parents

With Dr. Bernard's help an intake study has been developed which may cover more than one interview with adoptive parents. After the family has been seen and their written permission received to contact their

doctor, the agency obtains a medical report as to why they are unable to have a child of their own and what the prognosis might be. If their doctor feels that a reasonable chance exists of having their own baby, the application is not accepted. The worker has prepared the family for this as well as for the fact that their application will be considered and weighed with many others so that there is a real possibility that it will not be accepted. A rejection is usually communicated by letter since it "saves face" for the family. Out of approximately 800 families applying in a given year less than 200 families were given applications. Certainly applications might have been accepted from more families if the number of children admitted showed a substantial increase. By the same token, arbitrary reasons for rejection, such as age limitation or having an own child, might have been modified. On the other hand, many families were turned down for other reasons after careful exploration. In this agency it is customary to inform families definitely and as soon as possible where they stand in relation to the acceptance or denial of their application. Such a service needs two experienced workers.

Now it is important for the purpose of this paper to examine not only why applicants were accepted but what lay behind the "other reasons" for rejection, for here we have the essence of our casework approach to the applicant parents. The unconscious motivation for the adoption of a baby is by far the most important factor for its failure or success insofar as a child's welfare is concerned and thus it is vital for the caseworker to sense what might lie behind the request for a baby. To do this, she must go beyond the initial urgency, anxiety and excitement which often characterizes such requests. She needs to extend herself to her clients and assist them to relax so that she may have some impression of them as they are under normal circumstances. At the same time she must be observing them, seeking clues to personality structure, and searching for the real reasons which lie behind their request for a baby. This is further complicated for the worker by the fact that often these clients are people whom she might find socially attractive and interesting so that she has to school and discipline herself to be objective. Her assignment, though challenging, is nevertheless exceedingly rewarding, but the difficulties cannot be minimized. Only an exceedingly able and mature worker should carry such responsibility.

Adoptive parents will tell you that it seems very natural to them to be asked why they don't have a child, and when this was not explored in the past they expressed surprise. In their discussion of the

reasons for their sterility we many times find some of the clues for their unconscious motivation for adoption. This, however, needs to be supplemented with our observations of them as people, and what they tell us of their relationships to each other and to other people in their lives, their parents, siblings, nieces, nephews. Of vital importance to the success of the adoption is the relationship between husband and wife and particularly their attitudes toward the other's sterility. The caseworker must evaluate whether the husband raises guilt in the sterile woman and, vice versa, whether the wife causes her husband to feel unhappy or uncomfortable for the same reason.

Dr. Helene Deutsch says in her chapter on "Adoptive Mothers" in her second volume of "Psychology of Women,"

"The altruistic, object-loving component of motherliness, the tender joy in the child's growth, all the emotional threads that are woven between mother and child and father and child during the whole period of childhood, can be fully realized by adoptive placements.

"If the narcissistic wish for a child as the product of one's own body is predominant, and if the importance of the child as object recedes, adoption will bring only disappointments."

Where the man is sterile, it is just as important to estimate whether or not he, too, has been able to accept the reality. For only after this fact has been integrated in a wholesome way by the individual is he or she ready to accept nonbiologic parenthood.

When Mr. and Mrs. Brown applied to the agency to adopt a child, Mrs. Brown exhibited a charm and friendliness of manner that were indicative of what was learned later, that she came from a family that were very devoted to one another, that she had made a success of her work before her marriage, and that she and her husband had a pleasant social life and a nice group of friends. In the intake interview she was able to discuss frankly her inability to have a child of her own and one felt that she had worked through the trauma of her sterility.

In this case the worker felt that both were very ready to accept an adopted child, that while Mr. Brown's family situation and childhood had been characterized by greater hardship and other difficulties than his wife's, that he, too, had emotionally satisfying relationships with his father if not with his mother. In the wife whom he had chosen for himself, he had made up for a somewhat harsh mother, and their relationship was mutually satisfying and sustaining. So that with this couple, "the family triangle" of which Dr. Deutsch writes

"whose foundations are normally laid in the act of fecundation, can be fully formed on the basis of mutually valued developmental goals, shared hopes for the future and community in the care of an adopted child."

Such a family when seen by the intake worker is relatively easy to evaluate. More problematical is the situation of Mr. and Mrs. Gold. Here, too, the woman had faced her own sterility, the result of an operation done a few years before she applied to the agency. The worker in the home study records:

It was a great blow to her when she became ill after two years of marriage and she had to have an operation which resulted in a complete hysterectomy. She was extremely upset when she learned that she would be unable to have a child and wanted her husband to divorce her. She will always be grateful to her husband because of the kindness and understanding he showed to her while she was ill and the devotion he continues to show her.

Mrs. Gold came from a family of ten children of whom she was one of the youngest. There was a close family relationship but also some sense of competition among the siblings. Mrs. Gold's strongest identification, however, was with her mother, who was essentially the warm, devoted, selfless, giving mother-type and a typically feminine person. It was a tragic fact for Mrs. Gold that she was unable to have children and when first seen alone by the intake worker she was very emotional about this and all of the urgency, pressure and anxiety to which we referred earlier she brought to her first contact with the agency. Her frustration was made greater by the fact that she had been forced by the depression years and by their economic circumstances to postpone making application to the agency. It was difficult for the worker to get beyond the anxiety and need for a baby which Mrs. Gold felt she must get across at all cost. Acceptance as well as friendliness and warmth on the part of the worker helped to ease Mrs. Gold, and a return appointment was arranged for her husband and herself. By the time she and her husband were seen together Mrs. Gold's tension had almost subsided and her husband's presence undoubtedly contributed to her greater ease as well. He was a very affectionate, tender person to her and their relationship was obviously a mutually happy, satisfying one. He was a man, too, who came from a warm, close family and was quite secure in his relationships with people. He had a quiet, personal charm and sincerity which was very attractive. It was a very different woman whom the worker saw the second time.

One can well ask why this woman found it so much harder to accept her sterility than Mrs. Brown. Certainly one would not characterize either of these women as narcissistic, usually the cause of the rejection of adoptive parenthood or nonbiologic motherhood. However, Mrs. Brown had had a relatively secure childhood, for she was one of two children and the family were in comfortable though not affluent circumstances. In addition, she had virtually two sets of parents who showered love upon her, for not only did she have the affection and devotion of her parents but of exceedingly loving grandparents as well. Mrs. Gold, on the other hand, had parents who because of their age were virtually grandparents to her. The family had emigrated from Europe and had a severe economic struggle here for many years. Therefore life in many respects was grim for her through her developing years and filled with frustrations. Both of

these women and their husbands have made devoted and loving adoptive parents.

In those situations where parents have lost their own baby immediately following a full-term pregnancy, it is important for the worker to ascertain at intake whether the family's desire to adopt a baby arises from a genuine desire to mother a child since they can no longer have one of their own or whether there are other conflicting motives involved.

In the case of Mr. and Mrs. James, Mr. James saw the intake worker while his wife was still in the hospital after an extremely complicated delivery during which she nearly lost her life and the baby died. There was no possibility of ever having another child. Mr. James' frank discussion of this and the tender feeling he showed for his wife as well as the sincere interest he conveyed of his own and his wife's interest in adopting a child, impressed the worker. He accepted the worker's suggestion that they postpone an appointment with his wife until she had made a complete recovery, accepting the necessary waiting time involved in agency procedure, all of which suggested a well-balanced, unanxious person, the very kind of man who could be a reassuring, comfortable "Daddy" for a youngster. Later, when Mrs. James was seen, she proved to be a woman who, like her husband, seemed to have her anxieties well in hand, while her charm and ease with the worker gave a clue to her usual relationships with people. She was able to talk about her difficult confinement and the loss of her baby, with some emotion to be sure, but one felt that it was by no means running away with her.

The intake worker felt that this couple were motivated to adopt a child entirely by their wish to be parents, to share their love and to enjoy all the experiences of parenthood. After their home had been studied and approved they received one child, and later, upon reapplication, a second child. They have been sensitive, understanding parents, completely accepting both their children.

In sharp contrast to the James' were the motives which lay behind the following application.

Mr. and Mrs. Hudson had been married eight years before having a baby of their own and, in explaining this delay, Mrs. Hudson pointed up some financial insecurity in the early years of their marriage which made it desirable for her to work. Four years before making application to the agency Mrs. Hudson lost a baby after full term which was born defective and died shortly after birth. When she came into the intake worker's office for the interview in which these facts were given, Mrs. Hudson was in an irritable mood and in a somewhat rambling fashion she discussed her neurotic, hysterical mother who lived with her at that time. Matters had been even more strained for them, however, until Mrs. Hudson arranged for her mother to have another kitchen and prepare her own meals. The worker felt that it was significant that Mrs. Hudson postponed making application all of four years after the loss of her own baby, and this, combined with the clues of an unhappy, immature relationship with her own mother, with whom she could not get along, but from whom she could not separate herself in a mature adult fashion, gave the worker concern. It was interesting that she compared her confinement to "a mutilation," and only when she began to speak of her cultural interests, her

music and singing, did the querulous note leave her voice and her face light up with an almost happy expression. The worker gained a further impression of a very narcissistic woman, and one could anticipate with a fair degree of certainty what havoc she might bring about in her relations with any child, her own or adopted. Nevertheless she did express some anxiety that the worker consider her application, and it was not until her husband was seen that it was apparent he was pressing his wife about the application in the hope that it might resolve her unhealthy attachment to her mother, and with the advent of a child and need for extra room, force her parents to make other living arrangements.

This application of course was rejected.

Adoption is sometimes sought by parents who have lost their own child and wish to fill the void in their lives and their hearts, particularly if it is impossible to have another child of their own. This, however, can often be most dangerous to the welfare of the adopted child since, as Dr. Deutsch puts it, such an adoption

"is supposed to serve as atonement for unfaithfulness to the lost child. Sexual begetting is unconsciously regarded as a sin and rejected by the mourning mother. Often the adoption represents an attempt to interrupt the mourning violently—a mistake that is usually followed by bad consequences. For during the period of mourning even the woman's own children are deprived of love and exposed to the painful silent reproach: 'Why did you not die instead of the other?' If the mother's guilty feeling with regard to the dead child does not permit her to turn to other objects, especially to new ones, the child adopted as a comforter has very poor chances of conquering the mother's heart."

If space permitted we could give some vivid illustrations of these points from our case material, but they are familiar situations in all adoption agencies. One needs to keep in mind the underlying psychodynamics in order to handle them at intake with the greatest understanding for the parents' suffering as well as with skill and tact in helping them to face the advisability of a period of postponement before considering adoption.

Thus far all of the cases to which we have referred have been situations where the woman's sterility was definitely established on an organic basis. But at least in half of the medically sterile couples applying to an adoption agency, the sterility exists in the husband, and to such situations we apply the same criteria for diagnosis and evaluation as we do for the woman. If it is important to the man that the child be "bone of my bone and flesh of my flesh" with all of the narcissism implied in such words, he is not able or ready to take on an adopted child as his own, and such a placement can only be a most unhappy one for the child.

In the worker's first interview with Mr. and Mrs. Taylor she stated that they were easy, comfortable people and that Mr. Taylor looked very much the part of the big business executive, which he is. He had a nice sense of humor, which came out

throughout the interview, and a pleasant manner. The interview was a long one since the Taylors brought real interest to adoption and asked a number of very intelligent questions. The worker noted that

"one gets the feeling that the agency's relationship with this couple will be an easy one and that they have real understanding of what is involved, both in adoption and within the agency's setup."

Toward the end of the interview the worker asked why they could not have a child of their own and reported,

"In a very nice way Mr. Taylor indicated to me that it was his sterility which prevented them from having children."

He expressed his natural concern for Mrs. Taylor who he felt was a very maternal woman, eager for a child, so that it was pretty frustrating to him not to be able to give her a baby. Both of them conveyed a sense of mutual feeling for one another and a sincere wish to adopt a child. Mr. Taylor was matter-of-fact about his sterility and obviously had accepted it.

Again, if space permitted I could cite many more illustrations from case material. From this one case it can be seen that we must measure the person's adjustment to and acceptance of his own sterility in order to judge how ready he may be to take on a child not his own. Other factors also must be taken into consideration—the couple's mutual acceptance of this limitation, the strength of their marital relationship, and, as in the other cases, their total life adjustment.

Of possible psychogenic sterility we have up to this point said nothing, since it presents an even more complex situation. Dr. Karl Menninger in "Love Against Hate" has the following to say about sterility which exists without an organic basis:

"A few obstetricians and gynecologists recognize the importance of psychological factors in the highly complex functions of reproduction, although, generally speaking, the mechanical aspects of the process remain their chief preoccupation. Such phenomena as the occurrence of pregnancy following the adoption or the decision to adopt a child are frequent enough to belie the explanation of coincidence for even the most organically minded doctors. Some have gone so far as to postulate the details of the psychological and physiological mechanisms which may underlie this paradoxical phenomenon. For example, it has been suggested that in certain women over eagerness for a child might be reflected in some obscure hormonal way by an overactivity of the ovaries so that each month a premature maturation of the follicles occurs with the result that ova are discharged which are not yet ready for fertilization. Conversely, when the anxiousness, fear of disappointment or sense of frustration are diminished by psychotherapy, by the gradual reconciliation of the woman to her sterility, or by the adoption of a child, a decrease in the pathological emotional acceleration of the ovarian function would result in normal ova being discharged and thus the sterility terminated. This explanation may not be the correct one, but that emotional factors influence reproduction seems indisputable."

Often it is assumed that such a phenomenon is characteristic only of a woman, but it can be just as true in the case of a man. For example,

Mr. and Mrs. Josephs, who applied to the agency, revealed that no organic basis had been found for the sterility. At first the worker thought that Mrs. Josephs, who had been the elder of two children, might have had some unconscious resistance to taking on a baby whom she might identify with her competitive younger sister. However, when Mr. Josephs was seen, he disclosed with some reluctance and considerable emotion that his mother, to whom he had been deeply attached, had developed a severe psychosis coincident with menopause. Mr. Josephs had great uneasiness that his application would be rejected by the agency because of this "taint" in the family. His relief was obvious when the worker reassured him that such a fact would not rule out his application. The worker further discussed some of the current thinking about mental illness as well as the fact that the agency might place for adoption a child who had one parent mentally ill. The agency's thinking about such a situation was clarified with Mr. Josephs so that he understood how various factors were weighed and how all information about a child was shared with adoptive parents. The effect on him was clearly one of the agency's acceptance of him as a child with a mentally ill mother as well as a prospective adoptive parent. Their application was deliberately accepted but earmarked as one of those where the family might have a baby of their own. A few months after the couple was seen by the intake worker, they advised her to withdraw their application as they were to have their own baby, and six months later came the announcement to the worker of the birth of their son.

The correlation between the pregnancy and the release of inner tension through the casework relationship is suggestive although it is recognized that insufficient data precludes any conclusion.

Similarly in the case of Mrs. More, a different kind of fear, but a very common one in women, interfered with conception.

An older sister's difficult confinement, when Mrs. More was an eighteen-year-old girl, resulting in a long hospitalization, played upon the typically feminine fears that childbirth could only result in death. As Mrs. More was talking to the worker about her family and describing the birth of her niece, Mrs. More paused and asked the worker suddenly if she thought that her sister's hard delivery had frightened her about having a child, since the doctor had found nothing physically wrong with her husband or herself. The worker's response to this was that it would be difficult to say, but that it might possibly have had some effect. About a year after this interview Mrs. More advised the worker that she had become pregnant and later sent the worker one of her attractive announcements of the birth of a little daughter.

With Mrs. More as well as with Mr. and Mrs. Josephs the worker gave reassurance of her confidence in them both as people and as prospective parents, since she could sincerely do this. Sometimes the acceptance of an application from a couple like this releases some of the tension and anxiety which is centered around an apparent sterility and thus helps to prepare the way for having their own baby.

Within the limits of this paper it is not possible to touch upon the variety of factors presented by cases of psychogenic sterility. Each one has to be considered individually, but where a couple seems to have many positive attributes as adoptive parents their application is accepted, sometimes purposefully, as we have already illustrated, to assist them to have

their own baby. However, when they are of an age where this is less likely to happen despite the lack of an organic basis for the sterility, but where they still have many positive attributes for adoptive parenthood, their application is likewise accepted. On the other hand, the fact of psychogenic sterility is frequently a clue to other major neurotic disturbances, which must be sought after and explored at intake. Sometimes further exploration reveals a potency disturbance in the man which, together with more understanding of his family and marital relationship as well as his total life adjustment, gives us evidence of a seriously maladjusted person who could never make an understanding or comfortable father for a child, adoptive or his own. Sometimes we find that a woman is completely unreceptive to her husband, or sometimes her dependence on him and love for him is much more filial than wifely, so that a baby would only become the hated rival for her husband's interest and affection. These are but a few of the many possibilities in cases of psychogenic sterility which come to the attention of the intake worker in the adoption agency. She must indeed be keenly aware of all of these as well as many other factors in order to practice the art of casework within the scope and limits of her function as intake worker with adoptive parents.

Only by considering these points and acting upon them can we as workers in adoption agencies face the implications which lie in "Playing God" to all the little Johnnies and Mary Anns with any measure of confidence and security.

Regional Conferences

The Eastern Regional Conference will be held in Baltimore, Maryland, February 24, 25, 26, 1947, with headquarters at the Lord Baltimore Hotel. The Hon. Thomas J. S. Waxter, Director of the Department of Public Welfare of Baltimore, is the General Chairman.

The New England Regional Conference of the League will be held March 12, 13, 14, 1947, at the Hotel Commander in Cambridge, Massachusetts. Miss Dorothy Giles of The New England Home for Little Wanderers in Boston (Supervisor of the Department of Foster Home Care) is General Chairman.

The Ohio Valley Regional Conference will be held in Detroit, March 19, 20, 21, 1947, with headquarters at the Statler Hotel. Mr. C. F. Ramsay, Superintendent of the Michigan Children's Institute is General Chairman.

Adoption*

MAUD MORLOCK, *Consultant*

Children's Bureau, Federal Security Agency

A SUBJECT closely associated with relinquishment is that of adoption. The public at present is fully aware that children are available for adoption. Couples clamor for babies. Newspapers and magazines give space to the evils of independent placement and point to the need for better legislation. Interest such as this can be capitalized to provide a sound adoption program.

The laws in some states provide sufficient legal protection to children who are being placed in adoptive homes. Other states have, on the whole, good legislation, and contemplate amendments that will afford still further safeguards. Elsewhere the adoption and related laws are wholly inadequate.

Essentials of Adoption Law and Procedures

In a preliminary draft of a mimeographed bulletin entitled "Essentials of Adoption Law and Procedures," issued by the Children's Bureau, the following principles are outlined to insure the welfare of the child, and the rights of the natural parents and of the adopting parents:

1. Adoption proceedings should be before a court accustomed to handling children's cases, in the locality or state where the petitioners for adoption reside and are known.
2. The court should have the benefit of study and recommendations by the state welfare department in every proposed child adoption. This department should be made a party to every adoption proceeding or at least should have the right to appear at the hearing.
3. Consent to adoption should be obtained from the natural parents, or, if their parental rights have been legally relinquished or terminated, from a person or agency having legal responsibility for the child and the right to consent to adoption.
4. Court hearings should be closed to the public, and the confidential nature of the records should be assured.
5. A period of residence in the adoption home, preferably for one year, should be required prior to issuance of the final adoption decree, so that the suitability of the adoption may be determined.
6. Provision should be made for removal of children from homes found to be unsuitable, and for their care and guardianship after removal.
7. Safeguards should be provided in related laws, such as those affecting relinquishment of parental rights, regulation of child-placing services, and determination of guardianship and custody of child, to assure in all such matters, as well as in the adoption proceedings, the welfare of the child and the rights and obligations of the parents.

* This completes the articles "Relinquishment and Adoption." The section on Relinquishment appeared in the November issue of the BULLETIN.

Administration

Even laws that contain the principles outlined above are ineffective without the machinery to administer them. Therefore, it is important at the time new legislation is contemplated to make sure that funds are appropriated for staff competent and in sufficient number to provide for the administration of the law and for such other services and facilities as are necessary. In formulating new legislation it is advisable to fix the date when the law becomes effective far enough in advance so that administration can be set up.

It must be remembered that adoption is only one aspect of the total child-care program of the state. It is an important aspect since the independent placement of babies frequently takes place very rapidly. Granted that this is so, decisions must be made on the extent of service that can be provided and on what agencies will give service.

This leads naturally to the following three questions: What is the responsibility of local agencies, both public and private, for the placement of children in adoptive homes? What is the responsibility of the state department of welfare? How can all agencies work together to insure the best possible program both in the local community and in the state as a whole? The fundamental philosophy involved in these three questions is tremendously important. On the answers to them will depend whether a coordinated program is carried out, or whether each agency goes ahead on its own initiative, developing its program for a few or many children.

Responsibility of Local Social Agencies

The services of local agencies are on the whole clearly understood. They provide direct service to children. Their accessibility to those in trouble should mean that they are called upon promptly to assist in whatever ways are needed. In this sense local agencies are rendering a preventive service. They have the opportunity to lead in social planning for children and to see that any child being deprived of his own parents is placed in a suitable adoptive home either in his own community or within the state.

A difficulty encountered in some cities is that by agreement between agencies the private agency or

(Continued on page 12)

BULLETIN

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Henrietta L. Gordon, *Editor*

The Bulletin is in large measure a Forum for discussion in print of child welfare problems. Endorsement does not necessarily go with the printing of opinions expressed over a signature.

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Why So Much About Adoptions?

It is not by accident that this issue of the Bulletin and also the November issue each contains two articles on adoptions.

Variations in adoption philosophy and practice in the United States in 1946 are such as to confuse an observer. There never has been uniformity and it would be unlike us in this country to have only one way of providing such a service. Whatever the differences, however, there is need for a sifting of experience so that any particular program may borrow in some degree from others and our professional skill may be sharpened.

Even the separate articles by Ruth Brenner and Dorothy Hutchinson and the two by Maud Morlock, profound as they are, do not cover all of the issues confronted by those responsible for adoptions. Their contributions will, however, provide bases for thinking and points for orientation. It is the League's role thus to stimulate consideration of values which may or may not be accounted for in the agency or the community best known to the reader.

The innovations in adoption practice during the last decade need far more local discussion of a scientific nature than there has been. Analysis and some research can help us to understand the values in placements at ages previously considered too young and in requirement of a fee from the applicant whose qualifications are studied as well as an additional fee from the adoptive parents with whom a child is placed. Undoubtedly the quality of service, the philosophy it represents and the protection provided by the auspices now in such situations makes more practical such policies which were abhorred by our predecessors.

Several simpler questions of tremendous dimensions also demand our attention. What of black market adoptions? When and how are we going to develop enough adoption service under reliable auspices to safeguard the interests of children, unmarried mothers and adoptive parents? Who will support these additional services?

The community has a responsibility for protecting

those who are principals in adoptions, who so easily fall under the influence of emotional, thoughtless or unscrupulous persons. Yet it is obvious that in most communities, as Miss Morlock indicated in her article "Relinquishment and Adoption" (November Bulletin), the larger part of adoptions are without the benefits of service from a social agency. Anyone will be able to see that some situations, more than others, call for help from an agency. It is equally clear that all who participate in a contract as important as adoption should operate under safeguards guaranteed by the government, and how much safeguards are needed by those unmarried mothers who must decide whether their children are to become available for adoption!

Every American community should take stock of its adoption services and every state should review its legislation pertaining to guardianship and adoption. Some of the practices still tolerated are as crude and antisocial as the indenture, whereby a youth became a chattel until his majority. How is it different if a mother, or some midwife or doctor with no natural responsibility for the child, decides to sell a baby? We need a term as shocking as "black market adoptions" to keep us uncomfortably aware of the planning our community should do and the additional adoption services it should support.

To begin with, there is not enough reputable service for those who want it. The first expansion of adoption facilities should aim to catch up with this demand. In many communities this can be done by adding to the staffs and budgets of existing agencies. In some places it means the establishment of a professional service staffed by trained social workers.

When there is enough good adoption service for those who seek it we can be more consistent, than at present, in decrying the commercial or independent placement of children. At present, with loads restricted by limited budgets and staffs, our agencies are encouraging some fine people to shift for themselves or to turn to those who may be unscrupulous and who at best are unskilled. Until we have an ample supply of service which is highly regarded for the protections provided for all concerned, it is impractical to estimate what proportion of the unmarried mothers and adoptive parents will shun such service. There may always be a substantial number who wish to avoid any established service. For them, and indeed for all, there is great need for a local public welfare service which will enter the picture before certain steps can be taken and long before the court is required to sanction or disapprove adoption.

Here as in many other areas of child welfare there is need for expansion of both private and public facilities. Until this simple fact is recognized and until funds, both private and public are available for such expansion, it may be practical to say that our country believes in "black market" adoptions as much as in adoptions which are suitably safeguarded.

HOWARD W. HOPKIRK

A Community Initiates Services to Unmarried Mothers*

ELEANOR PROCTOR, *Child Welfare Worker*

Chatham County Department of Public Welfare, Savannah, Georgia

ONLY since March, 1944, has Chatham County, Savannah, Georgia, had a County Child Welfare Worker. This county with a population of 95,996 in 1940, had a population of 130,000 in 1945. During the last five years this county, which is primarily the city of Savannah, has increased in population by 32,000. The County Child Welfare Worker handles not only unmarried mother but all of the child welfare services, including foster home care, adoptions, specific court investigations, and so forth. The first case involving an unmarried mother which came to the agency, as it was inaugurating child welfare services in the county, was referred by a local physician who is outstanding in his work with maternity cases.

The girl was a graduate nurse 25 years of age who came to Savannah from a neighboring state to have her baby. She did not know of any agency that could help her. We had no Child Welfare Division. However, the doctor requested that we talk with the girl and try to help her in her plans to give the baby for adoption. It was not a matter of financial help, as she had enough money to see her through her pregnancy. Although we had no community resources available, we were able, with the co-operation of a child placing agency in the state of the girl's residency, to make arrangements for them to return the baby to the resident state, make the study and place the child for adoption. The unmarried mother was able to secure work as a nurse at the hospital where her baby was born, as the staff knew of her situation and were understanding of her needs. She continued this work until she had been able to sufficiently adjust herself and return to her local community.

All of this service was given by a junior supervisor on the Public Assistance Staff, and we found that there are services which can be given to unmarried mothers, even though resources and staff are limited.

Interpretation Through Service

In the state of Georgia the Department of Public Welfare makes investigations for the Superior Court on every adoption petition made within the state. We have found this a very helpful entre to unmarried mothers who have felt it necessary to release their babies for adoption. In every situation possible, we contact the mother of the child in order that we can let her discuss her real desires and how she feels about giving up her child. We sometimes find that she feels a great deal of guilt after having given the baby up directly to foster parents without the help of a social worker or an experienced person while she is making the decision.

Although a bit late in our contacts with her, it is

sometimes possible to help the girl become more comfortable about her desire to place her baby and accept the situation as it is. We feel that these Superior Court investigations are also of great importance to the child as, by our contacts with the mother, we are able to learn something of the background of the child, which can give to foster parents such information as they need know and are able to accept. In turn, the child will be protected. The Superior Court judge in this circuit is very co-operative and uses the study made by the Department of Public Welfare as a guide in decisions concerning adoption petitions. He also uses the information given in social studies made by the department to help the foster parents see their responsibility and obligations.

We feel that one of the services most instrumental in lessening the amount of illicit placements of babies for adoption has been the department's assumption of responsibility for financing foster boarding home care for babies of unmarried mothers who are residents of our county. Through this service we are able to take a baby directly from the hospital, place it in a boarding home for four to six months, while a study is being made as to the child's adoptability. We have often found that a mother will release her baby for adoption two or three days after its birth because she sees no way to take care of the child or she is not able to face the social ostracism which she feels she will receive. When she gives the child directly to foster parents she not only knows the whereabouts of the child but often she feels that she has been forced into a decision. If the responsibility for the baby is taken from the mother for a few months without her relinquishing maternal rights, she is able to make her own decision concerning her future and that of the child. Through agency placement, protection is given to the mother, the child and the foster parents. She does not know the foster parents nor do the foster parents know her.

We have spoken here mostly of care to unmarried mothers who plan to give their babies for adoption, since it is a function of a county welfare agency and the one in which I am most interested. However, in our community plan, the family society renders an important service to unmarried mothers.

* Presented at Child Welfare League of America Southern Regional Conference, Nashville, Tennessee, January, 1946.

Family and Children's Agencies Define Responsibilities

We have worked out a differentiation of responsibilities whereby the Family Service works with unmarried mothers who intend to keep their babies. The Family Service has charge of all admissions to the local nursery for babies from birth to fourteen months of age, and we use that nursery to a large extent for the babies of unmarried mothers who are making plans to keep their children. The Family Service also works with the unmarried mother in her plans during the time that the baby is in the nursery. Through this closeness of relationship we are better able to help the unmarried mother who finds that it is necessary for her to relinquish her child. The Family Service is also able to help the unmarried mothers who come into the community, but are not residents. This is necessary as there are no funds through the county welfare department for continued care of non-residents.

Recently we had a situation which I think very well illustrates the co-operation between agencies which goes to help the unmarried mother.

A young, attractive girl of 23 years was brought into our office by the chaplain of one of the local air bases. This girl was pregnant and had gone to the chaplain as her husband, who had been overseas for thirteen months, was in the army. She was quite confused about plans for the child. We worked with her for some months. She was not a resident of our county or state but until after the birth of her child she did not need financial assistance as she had a position as a stenographer, was able and preferred to work until the very day of confinement. There was one period in which she felt insecure financially and was on the verge of promising her baby to a foster family in return for their care of her in their home during the last few months of her pregnancy. She talked this over with us and we assured her that if she needed financial assistance it would be given to her. We emphasized our hope that she would not place her baby in this way. After the birth of the child we transferred the casework with the girl to the Family Service. The girl definitely desired to keep the child and he was placed in the local nursery. She was given financial assistance until she could return to work and the Family Service is now working with her on plans for her future.

Casework Service to Maternity Home

We have also been able to be of service to unmarried mothers in a local maternity home which had no casework service. We feel that this has been a very worthwhile and needed service. Our first request for service from this home was for a girl of 17 from another state.

She had been placed here through some friends. It was found that she needed a caesarean and her own mother, the only one who knew about the pregnancy, refused to answer any communication either from the doctor or the president of the board. The attending physician of the maternity home suggested to the board president that she ask our agency for help. Through an agency in the girl's home town we were able to interpret to the mother the necessity of the operation. They brought her father into the planning and

arrangements were made for the girl to keep her baby. This had been her desire the whole time but there seemed no way for it to materialize.

Through an interpretation of our services to the chairman of the board at the home, we have been given freedom and co-operation in working with girls who are undecided as to whether or not they will keep their babies. This service has been of help to individual girls who are not sure whether or not they will keep their babies and who need to be helped to see their situation as it is and what they want and can do about it.

One girl, a WAC, a high type person, told us that she hated the father of her child because he had taken advantage of her when she was drinking, that she had cared a very great deal for him, but was disappointed and disillusioned. Throughout her conversations she insisted that she wanted to keep her baby. She was able finally to tell us that she did not really hate the child's father, that actually she was very much in love with him; however, she did not feel that she could tell him about the child. Eventually she was able to recognize that they were both drinking at the time of the child's conception and in this way was able to accept some of the responsibility for what happened. After she came through to these conclusions, she requested that we get in touch with the boy, and tell him of the situation. The love was mutual for the boy did not wait to write but telephoned her, saying that he had been granted an emergency leave and was coming to her at once.

This was six months ago and recently we had a letter from her explaining that she and her husband and baby were visiting her mother and father, that the grandparents are quite proud of their little granddaughter. They had told the parents that they were secretly married while both were stationed at the same camp some time ago.

It is not that our services to unmarried mothers result in what appears to have been a happy ending as this, but we feel that we can be of some service in situations which might otherwise end drastically. One girl contacted us a few days before her confinement, stating that she had been in the maternity home, but decided that she could not possibly stay there for the three-month period required after the birth of her child. She was from a far-distant state and only an aunt knew of her pregnancy. She had been under the care of an attending physician at the maternity home and desired that delivery be made by this doctor. She was able to assume responsibility as she had been in the service and had mustering-out pay. Her delivery was normal, but several days later she began having convulsions and died very suddenly. Now her parents had to be told of a double tragedy. The baby was fine and plans had to be made for his care. Through the Department of Public Welfare from the resident state the news was sent to the aunt who felt it best for her to tell the parents. It was quite difficult for the parents to accept the

baby and there was much communication about how the affair could be handled without the home community's knowledge of the situation. The local undertaker who handled this case was quite co-operative and did everything possible to not send any possessions to the family which might cause them additional heartache. The child was quite normal in every respect and although the family's first reaction was for him to be placed for adoption they decided after careful thought that they would move to a new community and keep the baby. Plans were made for the aunt to come to our city for the child when quite suddenly he became ill and died in somewhat the same manner as his mother. This situation involved tragedy from beginning to end but there was a job to be done, a service to be given.

Interpretations to Doctors and Lawyers

One of the greatest services which we can give to unmarried mothers as a whole, it seems to us, is interpretation of their problem, and this primarily through doctors and lawyers. You recall that our first unmarried mother was referred to us by a local doctor who is the attending physician of the maternity home. His attitude toward the agency's work with unmarried mothers has helped in interpreting to the community the dangers involved to all concerned in illicit placements. To be sure, not all of our doctors co-operate but the minority group is learning through some bitter experiences the unfortunate situations which can result from such placements. Placements made by physicians in our town have been found to include epileptics, blind children and other serious situations. These experiences have brought open expressions of disapproval by other members of their profession. We realize that prior to the development of a child placing agency in a community, physicians have been glad to help some unmarried mother by taking her child from her, and also made some foster parents quite happy by giving them a little baby they so badly wanted.

In Savannah the Department of Public Welfare grants permits to non-residents in need of hospitalization at the county hospital. This has been a very helpful means of interpretation of our Health Clinic and county doctors.

One girl from an adjoining county came to Savannah through a nurse at the Health Clinic. This nurse told her that she would make arrangements for her prenatal care and attempt to find a home for her baby after its birth. When our agency got in touch with the nurse because of a request by the girl for a hospital permit, the nurse told us that she had not thought about whether or not the child would be an adoptable or any of the other problems. We were able to interpret to her that some children should not be placed for adoption because of their background or lack of mental development. As many of the nurses and doctors knew of this case,

we were able to give an even wider interpretation of our services. We arranged that the county from which the girl came assume financial responsibility of boarding care of the baby and we carried the casework service. About a month after the child's birth his head began to enlarge and resulted in a waterhead baby and although he had excellent medical care he gradually grew worse and died.

Had a placement of this baby been made immediately after his birth, there would have been much heartache for the foster family and a great deal of guilt on the part of the city nurse. As it happened, the doctors and nurses knew of the situation and were completely convinced of the advisability of not placing a child for adoption before it has been determined that he is placeable.

We do not believe that our educational program can be nearly so effective by preaching, so to speak, as by showing the results of thoughtful agency child placements.

Lawyers, too, have had experiences which we used to interpret good service. One of the outstanding attorneys of our city had referred to him a young woman executive of a large industry in a Northern state who was expecting a baby, and who wanted to come to Savannah to have her child and to place it for adoption. Thus she could return to her old position without anyone's knowledge of her pregnancy. The lawyer knew of a family who wanted to adopt a child and arrangements were made by him for them to take the baby; however, after the baby's birth it was learned that the child was half Jewish. The foster parents were not interested in having a Jewish child. At this point the lawyer turned to our department for information as to what could be done. In the meantime, the girl's attending physician made a placement with a Jewish family. Although we were unable to make this placement the first foster family made application with our agency for a baby and waited until a suitable child could be found for them. This attorney was convinced of the value of our working with unmarried mothers in order to determine factors important in placement. He has been helpful to us in interpretation to the Bar Association of the value of attorneys staying out of child placement. Similar experiences by a few other lawyers in the city have substantiated this point and we find most of the Bar Association members co-operative and helpful.

We believe in child welfare work and work with unmarried mothers, but unless we are able to offer something better than the community is now receiving there will continue to be illicit placements through which the children, mothers and foster parents often suffer.

Adoption

(Continued from page 7)

agencies only are authorized to make adoptive placements. If their program is not sufficiently broad to meet the needs of all children, many will be deprived of this type of permanent home, unless the department of public welfare also undertakes such placements.

Responsibility of the State Department of Welfare

The responsibility of a state department of welfare is not always as clearly defined or recognized as is that of private agencies. In 1935 when the Social Security Act was passed, a few states did not even have a public-welfare department, and some others did not have a child-welfare division. Now every state has a department of public welfare with special services provided for children. Increasingly, recognition has been given to the fact that the state, under our form of government, has legal powers to provide such safeguards as may be necessary to protect all children and to intervene in behalf of children lacking adequate parental care.

This being true, what then is the responsibility of the state department of welfare for children who are being adopted? One of the most important services that the department can render is the licensing and supervision of agencies and institutions that make adoptive placements. Such a license represents approval of the continued operation of an agency, but it does not necessarily represent approval of all the features of the program. The primary objective of state supervision is to furnish helpful service to agencies. It is mutual sharing of experience and thinking designed to provide better care of children. The law should provide that only those agencies and institutions that are licensed should be permitted to place children in adoptive homes.

Great variation exists at present in the extent of authority given to state welfare departments in regard to licensing and supervision. The laws of the majority of states do make such provision. A few states license and supervise child-placing agencies only. In several states the law pertains only to child-caring institutions. A few states have a special law authorizing supervision, but no provision for licensing. "Inspection" is the provision made in the law of a very few states. Two states have no law on licensing and supervision, and in two states such law as has been enacted is not in operation.

The laws of some states also contain provisions restricting the placement of children by individuals, exceptions being made for parents, guardians, and near relatives. The majority of states require that the individual placing children must be licensed or that the state welfare department must be notified of placements. A few states prohibit an individual from engaging in such placements.

It would seem imperative that states study their present legislation, and where indicated, take steps to enact such laws as will control placements and give authority to the state welfare department to work with those who are permitted to place children in adoption.

Development and maintenance of standards is also an important function of the state welfare department. Its staff should be familiar with good adoption practice in the United States. They should be familiar with the literature on the subject, including studies that have been made.

Consultation as needed can be given to all agencies making adoptive placements, particularly to local departments of public welfare for which the state department has a special responsibility. Workers can be helped in strengthening their practice, through institutes and individual conferences. Current reading material can be made available to them. This is particularly important for the worker in rural areas who may feel isolated from other social workers.

Investigation of petitions for adoption by the state welfare department or its designated agency is another responsibility provided for in the laws of many states. Much protection can be given all parties concerned through such a study made after the petition is filed. In independent placements, the agency can make sure through interviews with the parent or parents that adoption is the plan really desired and that the best interests of the child are being met.

State welfare departments in some instances have questioned the advisability of investigating petitions filed by stepparents or other relatives. Other state departments are convinced by experience that they can be very helpful in these situations. Relatives in an emergency sometimes offer to adopt a child when adoption is not a wise plan. They may not have thought of other alternatives. Or consideration may not have been given to the rights of the divorced parent who does not have custody of the child. The child himself may have strong feeling about the total severing of this relationship. Any child may have strong feeling about being adopted by a stepparent

or other relative, and his wishes should certainly be given consideration. While the investigation of petitions for adoption is time consuming, it is an essential part of the protection a state owes its children.

The placement of a few highly selected children in excellent adoptive homes does not necessarily mean that the community has a good adoption program. The security of a permanent home and the rights that adoption entails need to be considered for far more children. The term "unadoptable" too frequently gets applied to a child and stays there. Sometimes too little consideration is given to helping the child become a more adequate person. Likewise, social agencies sometimes forget that all types of people want to adopt children. A child not suitable for one home may prove quite satisfactory for another.

Other barriers are sometimes built up by agencies and deprive children of the permanent homes that adoption affords. Fear that a nonresident child may become dependent in later years or that a child may develop a physical or mental handicap sometimes looms too large in planning placement.

State departments of welfare are mindful of these problems in all areas of the state. Their concern is for all children—those highly desirable for any adoptive home and those who would be acceptable in perhaps a fairly simple home. They are concerned with those who live in urban areas where perhaps many agencies make adoptive placements and with those who live in rural areas far removed from a child-welfare worker.

The state welfare department can be helpful to local agencies in many other ways, such as in assisting in planning for children who are difficult to place. Such a difficulty may arise because of physical handicap, because the nationality or the religion of a child is dissimilar to that of the population in a particular area of the state, or because a child, for some reason, should be placed at some distance from the parents' residence. If the department is to render maximum help in particularly difficult situations, a fund will be needed to provide care when no other resources are available or when, because of the confidential nature of the situation, local public funds cannot be used.

As gaps in service become evident, the state departments of welfare in co-operation with councils of social agencies and other local agencies can initiate steps to strengthen adoption programs. In so doing, they should not forget that adequate provision of services to unmarried mothers will insure protection to children and greatly reduce many of the problems surrounding relinquishment and adoption.

League Staff Activities

MISS ALICE T. DASHIELL, Field Secretary with special responsibilities for day care has continued the development of our work in this field.

The keynote of this aspect of League service particularly during the past nine months has been the development of day nursery programs which combine the skills of the educator, the caseworker and the pediatrician.

The integration of these three professional skills has been the focus of consultation with member nurseries. Field visits have been made to 8 of the League's 10 member day nurseries since January 1. The length of these visits ranged from one to three days and involved a review of the program, consultation with staff, representatives of the governing board and with the Council of Social Agencies and in some instances with a family service agency providing the casework service.

Seven day nurseries have applied for admission to membership. Of these 6 have been studied; 2 have been accepted as Provisionals; 3 are pending and one does not meet requirements.

Two additional day nurseries are operated by member child placing agencies. These agencies are the Greenwich Center for Child and Family Service in Greenwich, Connecticut, and the Children's Service Bureau, Shreveport, Louisiana. One of these has requested only information service which has been handled by correspondence. The second requested and received four days of field service, which included working with the executive to interpret to the community the need for a day care service of good quality, which combines the three professional skills.

A meeting of the League's Committee on Day Care last January was concerned with the editing and distribution of the findings of the Tri-profession Conference on Day Care. This material was published by the League in March as a pamphlet entitled "Daytime Care—A Partnership of Three Professions." The Committee on Day Care also recommended that the League rewrite day care standards, since the publication originally issued by the National Association of Day Nurseries, while of value, is not up-to-date. This assignment would require the full-time service of a professional worker for a number of weeks, or the assistance of one or more consultants.

A major project and a pioneer contribution to the field of day care was the summer institute for directors of day nurseries and nursery schools held jointly

by the League and the Nursery Training School of Boston for three weeks in July. Miss Dashiell helped to plan the program for this institute, sharing with Miss Keeley the responsibility for interviewing all registrants, and for classes on administration. She also conducted classes on casework.

She has given three other brief institutes on day care in connection with local, regional or state conferences and delivered two papers, one at the League's Southern Regional Conference and one at the National Conference of Social Work.

During the past nine months she has given special consultation service to 16 agencies including several councils of social agencies; the New York City Health Department and the Texas State Department of Social Welfare both of which are concerned with the licensing of day nurseries and the development of licensing procedures which utilize educational, casework and medical skills; two family service agencies; three national agencies; the National Broadcasting Co.; and The New York Times. In August she participated with respect to day care, in the League's survey of child welfare services in Camden, New Jersey.

The League's experience in day care in 1946 has confirmed our growing impressions of the serious lack of adequate provision for the daytime care of children throughout the country. Miss Dashiell believes that our service has helped to improve the quality of day nursery service in a few communities but she is convinced that if the needs of children for this type of service are to be met, a national agency, such as the League, must take greater responsibility for interpreting these needs and the desirable standards of service, for stimulating the preparation and support of federal and state legislation, for demonstrations of day nursery and family day care programs and for co-ordinating our field service to member agencies.

Miss Mary C. Keeley, who reported in the November BULLETIN on staff shortages, has carried major responsibility for conferences and institutes and work related to problems of staff training within the League's program. Probably the most far-reaching of her tasks in 1946 was the organization, in March, of a Technical Advisory Committee to help with the over-all plan for the education and training of people for the children's field. Staff training in child caring institutions, relations between child caring agencies and schools of social work in

field work, and development of material for in-service training were discussed. Material from these discussion groups has been summarized, mimeographed and distributed. Subcommittees will be following up on certain points which need further study during the next six months, and it is hoped that the committee can be brought together again early in 1947.

Two conferences have been held especially for executives of member agencies: one at Atlantic City, New Jersey, February 26 to March 1, which included about 30 member agency executives, and one for public welfare executives and workers held at Granville, Ohio, April 8 to 11, with an attendance of about 20, which included one or more representatives from the province of Saskatchewan and each of the following states: New York, Massachusetts, Pennsylvania, Wisconsin, Ohio, Oregon, Virginia.

A number of institutes were held, and with the exception of the Institute for Institution Executives at Western Reserve, where the planning responsibility was carried by the School, a great deal of time went into organizing these institutes with gratifying results.

The Institute for Institution Executives, in co-operation with the University of North Carolina, given at Chapel Hill, North Carolina, August 12 to 23, with Sherwood Norman and Fred Schumacher as leaders.

The Institute for Institution Executives and Board Members, in co-operation with the Chicago Council of Social Agencies, at Chicago, October 18 and 19. The leaders were Dr. Susanne Schulze, Dr. Fritz Redl, Miss Eva Burmeister, Miss Ethel Verry, Miss Edna Zimmerman, Dr. Adrian H. Vander Veer, Miss Mary Keeley.

The Institute for Supervisors, held on the University of Kansas campus, Lawrence, Kansas, September 9 to 13, with Miss Julia Ann Bishop as leader.

The Institute for Nursery Directors, in co-operation with the Nursery Training School of Boston, at Boston, July 8 to 26. The leaders were Miss Martha Chandler, Dr. Marion Slemmons, Miss Alice Dashiell and Miss Mary Keeley. This institute dealt with the administration and organization responsibilities of the director of a nursery and the co-ordination of the three professions represented, nursery education, health, and social casework. It is hoped that the summary describing the method and content of this institute will be of service also to those in institutional work and can be published.

Five regional conferences of the Child Welfare League of America have been held in 1946: Southern, two—one in January and one in November, 1946—Ohio Valley, Midwest and New England. Consultation has been given to three regions now planning 1947 conferences: Eastern (the first since 1938), Ohio Valley and New England.

BOOK NOTES

MATERNITY HOMES FOR UNMARRIED MOTHERS: A COMMUNITY SERVICE. By Maud Morlock and Hilary Campbell. U. S. Children's Bureau Publication No. 309. 1946. Price 20 cents.

This pamphlet is among the significant contributions of the U. S. Children's Bureau to 1946 publications. It traces the history of the maternity home, created after centuries of struggle by religious and other humanitarian groups to point up the obligation of society to help a baby born out of wedlock to get a start in life in spite of the legal handicaps and social stigma we impose for illegitimate birth. It discusses present-day maternity homes as a community resource for protecting the lifelong social welfare of mother and child by providing for them a high standard of maternal and infant care. It is written in five sections: reviews public attitudes and their expressions in social care of mother or child—or the lack of it—during the 200 years before maternity homes came into being; and then presents for consideration the program of service of the maternity home of today, including casework, group activities, and health and medical services, and outlines the organization of a maternity home.

It traces the care of children born out of wedlock in the United States: the "lewd woman," confessing her "sin" before the colonial congregation; the almshouses, herding children of all kinds into crowded quarters with adults cast out of society; the orphanages, better only because they separated children from adults; the founding of children's aid societies, with their free homes and adoptive homes but no matching process or securing of legal status; the development of state and local institutions; state subsidies to private agencies; and finally federal assistance in extension and strengthening of public services to children in the passage of the Social Security Act of 1935 whereby maternity homes can now see their services in relation to the whole child-welfare program.

The pamphlet shows the benefits mother and baby may receive from co-ordination of the services of a maternity home and casework, and how psychiatry and psychology can help. It concentrates on the need for the most skilled casework service available in helping the mother to face her decision to keep or relinquish her child, the need for careful diagnosis of

what the mother as a parent has to offer the child, for careful direction of her thinking for the best interests of her child, at the same time not violating her right to freedom of choice, and then for guidance in preparing the mother for the responsibilities and realities she faces in carrying out whatever decision she makes.

Stress is laid on the benefits of early discussion and planning, and the assumption that no decision can be made until after the child's birth is questioned. The final decision will be more sound and satisfying to the mother if she has had ample opportunity for discussion and thought.

Pages are devoted to the mother who gives up her child, with discussion of whether a mother must nurse her child, or has a right to be separated from him at birth if she wishes. How the maternity home and child-placement agency work co-operatively, the advantages of the observation period during which the mother may be sure adoption is her final plan and the agency may study the child's suitability for adoption placement is given due consideration. The mother who keeps her child is discussed as are criteria for determining her real interest in him, the adjustments the mother must make in society with a fatherless child, or the parents must make if they marry or the husband and wife must make if the mother marries someone other than the father.

The third and fourth sections of the pamphlet, dealing with new interests through group activities (recreational, educational and religious) and with health and medical services, are brief, practical, well-outlined suggestions, observations and requirements for a maternity home.

The final section covers the organization and administration of a maternity home: its incorporation under the laws of the state in which it is established; its sources of income; the selection of board members, their function, interest and participation; the staff, its personnel practices and relation to executive and board; the building and grounds, the home and its homeyness.

Suggestions are made for strengthening the services of maternity homes, through good planning and through casework, psychological and psychiatric

service, and adequate obstetric and pediatric medicine and nursing care, insofar as possible. This pamphlet is the most concise and complete single document yet published on maternity homes. It should be as essential a document to the library of every maternity home in the country as is the home's charter. It is a contribution to the whole field of children's work, for a children's agency and an agency for unmarried parents are both engaged in helping parents first to make as responsible a plan as they can for the care of their children and then to assume responsibility for carrying it out.

ELINOR M. MULLEN, *Executive Secretary*
Ingleside Home, Buffalo, New York

CAREERS IN SOCIAL SERVICE. By Evelyn Steele and H. K. Blatt.
 E. P. Dutton, Inc., N. Y. 1946. 256 pp. \$2.75.

This is one of a large series on careers prepared in collaboration with Vocational Guidance Research. While the audience for whom this volume is written is nowhere defined, there is reason to believe that it is meant to serve the needs of inquirers from high school through college. This is another way of saying that this material is simply written and abundantly illustrated.

Each chapter begins by describing an area of work, then details some of the specific operations, emphasizes the training requirements, and concludes with a description of personal qualifications, professional associations, and job opportunities. Chapters are prepared on: family casework, child welfare, school social work, probation and parole, medical social work, psychiatric social work, group work, community organization, the public welfare field, research, administration, and opportunities in related fields.

The writing indicates an acquaintance with much of the general literature of social work as well as with many of the persons engaged in practice whose views are quoted and whose histories are partially recited. Some practitioners may be inclined to complain that the descriptions are oversimplified, but to this reviewer the very value of the book to the high school and college group lies in this simplicity. Most social workers are by training and experience incapable of describing their professional task in language the layman can comprehend.

There is, perhaps, an overemphasis that social work is no longer a service for the underprivileged alone. This overemphasis can be balanced by the present-day practitioner, but not so easily by the

surveyor from outside. The bulk of the service is for people who need help related to income maintenance, a fact which even efforts to glamorize social work must take into account.

Despite the valiant intention to illustrate photographically social work operation, the twenty-eight photographs scattered throughout these 250 pages seem highly repetitious of social workers sitting at desks with the inevitable shelf of books and files, or sitting at tables simulating eager participation in group discussions. I am afraid we have not yet discovered the media for making social work photogenic.

This book is useful, but not for social workers. It should get into the hands of student counselors and teachers of the social sciences in high school and college.

ARTHUR E. FINK

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THE COMMON SENSE BOOK OF BABY AND CHILD CARE, by Benjamin Spock, M.D. Duell, Sloan, and Pearce, New York, 1945. 527 pp. Also published in a pocket edition under the title *The Pocket Book of Baby and Child Care*. Pocket Books New York, 1946. 520 pp. 25 cents.

Whatever your interest in child care, you will want to read this clear, simple, direct book on baby and child care. As Marion Faegre states, in *The Child*, November, 1946:

"This is really a book of uncommon good sense. Everyone reading it—and this will be nurses, teachers, social workers, clergymen, and any others who associate with children, as well as parents—will get the feeling that the doctor is talking to him. The print doesn't get between the author and his readers. And Dr. Spock has the art of plain talk down so cold (to use one of the idioms that make his writing completely informal) that people who don't ordinarily find reading much of a pleasure will enjoy looking up the things that have been puzzling them.

To cover the whole period of infancy and childhood is a large order, but everything from diapers to divorce and from dawdling to drowning is touched on. Families who are out of reach of a doctor will be particularly benefited by such sections as those on illnesses and formulas. But no one who picks it up, whether to read a paragraph here and there, or to read it from cover to cover, will lay it down without having gained something of the reassurance so vital to ability to deal with children."

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